

COMPLAINT OPS-8795

**YOUR PERSONAL INFORMATION**

Complaint ID :

Name :

Race :

Address :

Sex : MALE

Age : 33

**Your contact information**

Best time to contact : 04:00 PM

Primary Contact Phone Number :

E-mail Address :

Home Phone Number :

**Your injury information**

Were you injured in this incident? YES

Please describe the injury : BRUISE TISSUE AND SERVEL SPRAIN ANKLE

Did you need medical attention? YES

Hospital/Medical Center : ILLINOIS  
MASONIC  
MEDICAL  
CENTER

Please describe the medical treatment : ALSO ELEMHURST MEMORIAL HOSPITAL

**INFORMATION ABOUT THE INCIDENT**

WE WERE PART OF A PARTY BUS THAT PULL UP TO ROCKN ROLL MCDONALD'S UPON MYSELF GOING TO THE WASHROOM I WAS APPROACH BY 2 GUYS IN THE BATHROOM TRYING TO ROB ME ONE OF THE GUYS THAT WAS ON THE PARTY BUS HAD THE SITUATION SET UP UPON ME TELLING THE GUYS THAT I WASN'T GOING TO GIVE THEM NOTHING I OPEN THE BATHROOM DOOR UPON GETTING TO THE EXIT ONE OF THE GUYS SNATCH MY CHAIN FROM MY NECK AND RAN I THEN APPROACH THE GUY THAT WAS APART OF THIS PART BUS I TOLD HIM HE HAD ME SET UP I HIT HIM THEN PEOPLE OUTER NO WHERE CAME TO THIS GUY RESCUE POLICE CAME WE WERE

LOG #

Attachment #

**Description of the incident :**

TRYING TO EXPLAIN THAT THIS GUY TRY TO GET ME ROB WERE THEN ONE OF YOUR OFFICER PUSH MY WIFE AND I ASK HIM NOT TO TOUCH HER SO HE DID IT AGAIN I THEN APPROACH YOUR OFFICER WITH A PUSH AND I REPEATED AGAIN DONT TOUCH HER SHE EXPLAINING TO YOU WHAT HAPPEN AND YOU GOING TO PUSH HER OTHER OFFICER GOT INVOLVED WHERE I WAS TAKEN DOWN TO THE GROUND I DIDN'T SEE THE OFFICER ONCE I WAS IN HAND CUFF LAYING FACE DOWN A OFFICER STOMP MY RIGHT ANKLE UPON REACHING THE STATION I WAS BEGGING FOR MEDICAL ATTENTION I WAS REFUSED UNTIL MAYBE 3 HOURS LATER WHEN THE BOOKING GUY SAW I COULDN'T WALK HE THEN TOLD YOUR ARRESTING OFFICER TO TAKE ME TO THE HOSIPTAL THEY BEGIN TO ARGUE A LITTLE UNTIL THE ARRESTING OFFICER FINALLY GAVE IN

**Location of the incident****Street Number :** 600**Direction :** N**Street Name :** CLARK ST**Apt No. :****Building Name :** ROCK N ROLL MCDONALD'S**Floor :****Unit :****Location Description :****Incident Date and Time****Date :** 10/14/2011**Time :** 01:30 AM**Evidence****Video Evidence :** YES**Audio Evidence :** NO**INFORMATION ABOUT THE POLICE OFFICERS****Police officer #1****Last Name :****First Name :****Star No. :****Rank :****Assigned Unit :** 18**On Duty :** YES**Sex :** MALE**Race :** WHITE**Officer Description :****Police Vehicle Beat Number :****Vehicle Number :****License Plate :****Vehicle Description :**

**INFORMATION ABOUT VICTIMS AND WITNESSES**

**Victim #1 personal information**

Last Name : [REDACTED]

Race : [REDACTED]

First Name : ALICIA

Age : 30

Sex : [REDACTED]

Contact: [REDACTED]

**Victim #1 injury information**

Was the victim injured in this incident?: NO

Please describe the injury :

Did the victim need medical attention? NO

Please describe the medical treatment :

Hospital/Medical Center :